

Our Lady of Lourdes Catholic School Athletic Program

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Our Lady of Lourdes Catholic School participates in the Pinellas Youth Conference (P.Y.C.), a conference comprised of six Catholic and Christian schools in Northern Pinellas County. Students in grades 4-6 are eligible for Junior Varsity teams, while the 7&8th grade students are on the Varsity teams. We encourage all students to take advantage of this opportunity.

**Research has found that playing sports....
Provides regular exercise, develops leadership skills,
increases self-esteem, develops discipline and
leads to academic success in the classroom!!**

Roman Sports

Baseball, Soccer, Basketball, Track and Field,
Flag Football

Lady Roman Sports

Volleyball, Basketball, Soccer, Track and Field, Softball



OLL Athletics- Information

**All sports have a \$25.00 registration fee.
This fee must be received upon making a team.**

Students will be encouraged to try out for sport teams throughout the year. There will be an email sent to students and parents with important dates and sport specific information before the sign-up sheets are posted in the middle school hallway.

Please have your child sign up during this time.

Girls Volleyball (August- October) Kneepads and solid black shorts are required

Boys Baseball (August- October) Baseball glove and black baseball pants are required

Girls Basketball (October- December) Solid black shorts are required

Boys Soccer (October-December) Solid black shorts/shin guards/red socks are required

Boys Basketball (December- February)

Girls Soccer (December- February) Solid black shorts/shin guards/red socks are required

Boys and Girls Track (February- March)

Girls Softball (March-April) – Softball glove and black softball pants are required

Boys Flag Football (March- April) Solid Black Shorts and a mouth guard are required

- Team Tryouts- The first two days of practice will be the tryout period. Students are chosen for teams based on skill level, talent, sportsmanship, and effort. Making a team does not guarantee playing time in every game.
- Transportation of the athletes is the responsibility of each family. Rides to and from the sites are to be arranged before game days by each family. Please fill out the OLL Athletics- Student Release form if your child plans to ride with other families during the sport season for practice and games.
- Uniforms are provided and PE uniforms are the uniform for practice. Uniforms are to be returned as soon as the sport is competed. It is the responsibility of the athlete wearing the uniform to return it, clean and mended, in a bag with their name on it.
- Before your child can participate in practice a **Preparticipation Physical Form** and an **Emergency Treatment Form** must be on file in the front office as well an **Athletics Events Consent and Release Form** before the start of each sport season agreeing to abide by the standards set by the Diocese of Saint Petersburg and Our Lady of Lourdes Catholic School.
- **Student athletes are representatives of our school and are expected to act with the utmost integrity and character both on the field and in the classroom**



ATHLETIC EVENTS CONSENT AND RELEASE

Name of Sport _____ 2019 – 2020 School Year

I request that my child be allowed to participate in the above-named event(s). I understand that reasonable care and supervision will be exercised to provide for my child's well-being during practice for the event and the event itself. However, I also understand that there are certain risks inherent with this athletic event(s). I assume all risks inherent with these events and consent to my child being allowed to participate. I release, covenant not to sue, and save harmless Our Lady of Lourdes Catholic School and Parish as well as The Most Reverend Gregory Parkes, Bishop of The Diocese of St. Petersburg, all clergy, employees, staff, agents, and volunteers for the event, from any and all claims and for any and all harm arising to my child as a result of participation in these athletic events.

I understand I am responsible for transporting, or arranging transportation for, my child to and from the sports events. Our Lady of Lourdes Catholic School will, in no way participate in arranging or executing transportation for the events.

I request an Our Lady of Lourdes Catholic School representative to obtain medical treatment for my child in the unlikely event of injury or illness during the events and I agree to pay any expenses incurred for such treatment.

Student Name: _____ Grade _____

Signature of Parent/Guardian: _____

Please add pertinent medical information particularly in regards to any condition that may effect, or be affected by, participation in this sport (e.g. asthma – needs inhaler before game):

Our Lady of Lourdes Catholic School Athletics- Student Release

I allow my child/children _____ to be released to the following person(s) in order to provide transportation to/from an OLL Athletics Program event including practice and games.

Parent/ Guardian _____

Athletic Director _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: Sex: Age: Date of Birth: School: Grade in School: Sport(s): Home Address: Home Phone: Name of Parent/Guardian: E-mail: Person to Contact in Case of Emergency: Relationship to Student: Home Phone: Work Phone: Cell Phone: Personal/Family Physician: City/State: Office Phone:

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

Medical history questions 1-46 with Yes/No columns. Includes questions about medical illness, allergies, injuries, and family history. Includes a section for females only (optional) with questions 42-46.

Explain "Yes" answers here:

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: Date: Signature of Parent/Guardian: Date:



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Disability: _____ Diagnosis: _____
____ Precautions: _____
____ Not cleared for: _____ Reason: _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____
Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____
Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

Student's Name: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ___/___/___

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.